

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09446379

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1					/		51						
2					/		52						
3					/		53						
4					/		54						
5					/		55						
6					/		56						
7					/		57						
8					/		58						
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10					/		60						
11					/		61						
12					=		62						
13					=		63						
14					/		64						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.					4		TOTAL IND.						
TOTAL DEP.					13		TOTAL DEP.						
TOTAL CLAIMS					17		TOTAL CLAIMS						